

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**  
**APPLICATION FOR LICENSURE**  
**MASSAGE THERAPIST**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

**Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

**SUPPORTING DOCUMENTS AND FEES:**

If you are applying for a **massage therapist license** complete the following:

1. Bring your completed application to DOPL's offices (160 E. 300 S., Main Lobby, Salt Lake City) to complete electronic fingerprinting using DOPL's Identix equipment.

**OR**

Submit **two** applicant fingerprint cards (*Form FD-258: white with blue lines*) to be used by DOPL for a search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). See "Additional Important Information."

2. Submit one (1) of the following to document completion of the education and training requirements for licensure as a massage therapist:

- A. An official copy of your transcript and certificate of completion from a massage school educational program registered with the Utah Division of Consumer Protection or accredited by an accrediting agency recognized by the United States Department of Education, showing that you have completed not less than **600** hours of training.

NOTE: Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.

- B. The "Completion of Apprenticeship Program" form (attached to this application) if you completed an apprenticeship as a Utah licensed massage apprentice showing you have completed a minimum of **1,000** hours of supervised training.
- C. If you are currently licensed in another state, use the "Request for Verification of License" form (*attached to this application*) to obtain verification of licensure from a state in which you have been licensed as massage therapist. Request that the verifying state complete the form and mail it directly to DOPL or return them to you for submission with your application.

**AND**

Submit documentation verifying certification with the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) or the Federation of State Massage Therapy Boards (MBLEX) and Body Work Massage Examination.

- 3. Submit one (1) of the following to document completing the massage examination requirement:

- A. The original letter from DOPL's approved examination provider verifying your passing score on the MBLEx examination, if you completed an apprenticeship program as a licensed massage apprentice. For examinations taken prior to January 1, 2008, the approved provider was Thomson Prometric.

**OR**

- B. A copy of one (1) of the following from the National Certification Board for Therapeutic Massage and Body Work ("NCBTMB") or the Federation of State Massage Therapy Boards (MBLEx):

- ☐ Original Score Report
- ☐ Preliminary Candidate Score Report
- ☐ National Certification Certificate

- 4. Submit the attached Utah Massage Law and Rule Examination with your application.
- 5. Submit a **\$95.00** non-refundable application-processing fee, made payable to "DOPL," that includes a \$60.00 application fee for a massage therapist license, a \$15.00 surcharge for a BCI fingerprint file search, and a \$20.00 surcharge for an FBI fingerprint file search.

## ADDITIONAL IMPORTANT INFORMATION:

1. **Law and Rules Exam:** Applicants for licensure as a massage therapist must pass the Utah Massage Law and Rule Examination. This examination is attached to this application.

The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):

- ❑ Division of Occupational & Professional Licensing Act
- ❑ General Rules of the Division of Occupational & Professional Licensing
- ❑ Massage Therapy Practice Act
- ❑ Massage Therapy Practice Act Rules

2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.
3. **NCBTMB Certification:** To request information to take the National Certification Board for Therapeutic Massage and Bodywork Examination and become certified by NCBTMB, call: 800-296-0664 or 703-610-9015 or visit their website: [www.ncbtmb.org](http://www.ncbtmb.org) or (866) 962-3926 or (866) 9MB-EXAM.
4. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
5. **License Renewal:** All massage licenses expire on May 31 of each odd-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

6. **Fingerprint Information:** All applicants are required to undergo a criminal background check and fingerprint search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). **Fingerprint cards that are not complete and/or properly rolled will be rejected, delaying the licensure process.**

To expedite the licensure process, you can obtain electronic fingerprinting at DOPL's offices (160 E. 300 S., Salt Lake City), 8:00 a.m. to 5:00 p.m., Monday through Thursday, except holidays. Currently, there is no fee to roll electronic fingerprints for DOPL licensure applicants. A current government issued picture ID is required.

If you are unable to obtain electronic fingerprints at DOPL's office, you must include two (2) blue fingerprint cards (*Form FD-258*) with your application. Fingerprint cards are supplied with

the application if obtained from DOPL. If you downloaded the application from the Internet, you may obtain fingerprint cards from DOPL, the Bureau of Criminal Identification (BCI), or your local police station. **To have your fingerprints rolled onto the blue fingerprint cards, you must go to BCI or a local police station.**

**BUREAU OF CRIMINAL IDENTIFICATION (BCI) INFORMATION:**

- ☐ \$13.00 fee for up to three fingerprint cards
- ☐ Walk-ins only; no appointments taken
- ☐ Open 7:00 a.m. - 6:00 p.m., Monday - Thursday except holidays
- ☐ Government-issued picture ID required (*driver's license, state ID, passport, etc.*)
- ☐ Website: [www.bci.utah.gov](http://www.bci.utah.gov)
- ☐ Phone: (801) 965-4445
- ☐ Address: 3888 W. 5400 S., Taylorsville, UT 84118  
(1/2 block west of Bangerter Highway, behind McDonalds)

**WARNING:** If information received from the Utah Bureau of Criminal Identification or the Federal Bureau of Investigation indicates that you have failed to accurately disclose your criminal history to the Division of Occupational and Professional Licensing, any massage license issued to you will be immediately and automatically revoked.

**REVIEW OF YOUR FBI RECORD:** If you wish to challenge the accuracy of the information in your FBI record, you should contact the agency that contributed the information in question. You may also direct the challenge to the FBI, Criminal Justice Information Services (CJIS) Division, Attn. SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

7. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).
8. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
9. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at [www.dopl.utah.gov](http://www.dopl.utah.gov).
10. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to "DOPL." Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL's main office – but not over the telephone.
11. **Mail Complete Application to:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1st Floor Lobby  
Salt Lake City, Utah 84111

14.    **Telephone Numbers:**       (801) 530-6628  
   (866) 275-3675 – Toll-free in Utah
15.    **Fax Number:**               (801) 530-6511

**BLANK PAGE**  
*(FOR TWO-SIDED PRINTING)*

# APPLICATION FOR LICENSURE

## Massage Therapist

### GENERAL INFORMATION

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have You Ever Held A Utah License Before? ☐ Yes ☐ No

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

### MAILING ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### ***DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY***

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_/\_\_\_\_/\_\_\_\_

Denied By: \_\_\_\_\_

Reason for Denial/Other Comments: \_\_\_\_\_

## AFFIDAVIT FOR UTAH LAWS AND RULES

**I understand that it is my responsibility to read and understand all statutes and rules pertaining to my practice in the state of Utah, and I agree to comply with such.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### PROFESSIONAL EDUCATION: *(Attach additional sheets if necessary.)*

1. Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Degree Received: \_\_\_\_\_ Number of Credit Hours: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Degree Received: \_\_\_\_\_ Number of Credit Hours: \_\_\_\_\_

### PROFESSIONAL EXAMINATION REQUIREMENT:

Check one of the following appropriate.

☐ NCBTMB Examination, Date Passed: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Federation of State Massage Therapy Boards (MBLEX) \_\_\_\_/\_\_\_\_/\_\_\_\_

### LICENSES:

List all licenses, registrations, or certifications issued by any state that you now hold or have ever held in a regulated profession. *(Use additional sheets if necessary.)*

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# MASSAGE THERAPIST QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care professional licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
6. \_\_\_\_\_ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
7. \_\_\_\_\_ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
8. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
9. \_\_\_\_\_ Have you been named as a defendant in a malpractice suit?
10. \_\_\_\_\_ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
11. \_\_\_\_\_ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?

*(Continued on the next page.)*

12. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
13. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
14. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
15. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?
16. \_\_\_\_\_ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
17. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
18. \_\_\_\_\_ Do you currently have any criminal action pending?
19. \_\_\_\_\_ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
20. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
21. \_\_\_\_\_ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
22. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?

(Continued on the next page.)

**If you answered “yes” to any of the questions listed above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

**If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**

---

**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.**

**BLANK PAGE**  
*(FOR TWO-SIDED PRINTING)*

# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize the Division of Occupational and Professional Licensing to review my past by conducting a fingerprint criminal background check to ascertain any and all information, which is pertinent to my licensure qualifications. I understand that any license issued to me will be conditional, pending completion of the criminal background check and if the criminal background check discloses that I have failed to accurately disclose a criminal history, my license shall immediately and automatically be revoked.

I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

**BLANK PAGE**  
*(FOR TWO-SIDED PRINTING)*

Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
Telephone: (801) 530-6628

## COMPLETION OF APPRENTICE PROGRAM

Submit this form upon the completion of an apprentice program only.

### TO BE COMPLETED BY THE SUPERVISOR:

Name of Apprentice: \_\_\_\_\_

Apprentice's License Number: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor's License Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Date Apprentice Program Began \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Apprentice Program Completed \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Massage Theory Training Hours: \_\_\_\_\_

Total Hours of Hands-on Instruction: \_\_\_\_\_

Total Massage Client Service Hours: \_\_\_\_\_

Total Ethics Training Hours: \_\_\_\_\_

Total Massage Techniques Training Hours: \_\_\_\_\_

Total Anatomy, Physiology, and Pathology Training Hours: \_\_\_\_\_

Total Business Practice Training Hours: \_\_\_\_\_

Total Safety and Sanitation Training Hours: \_\_\_\_\_

Total Number of Training Hours Completed: \_\_\_\_\_

*(Continued on the next page.)*

☐ satisfactory.

I certify that the applicant:

☐ is not qualified and competent to practice massage. Please explain below.

Signature of Supervisor: \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor's Comments: \_\_\_\_\_

[illegible]



Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
Telephone: (801) 530-6628

## REQUEST FOR VERIFICATION OF LICENSE

*(Use this form to verify licensure from another state, if applicable.)*

### TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting licensure in the state of Utah as a: \_\_\_\_\_

I am/have been licensed in your state under the name: \_\_\_\_\_

My Social Security Number is: \_\_\_\_\_

My Date of Birth is: \_\_\_\_/\_\_\_\_/\_\_\_\_

My license number in your state is/was: \_\_\_\_\_

I have enclosed the necessary license verification fee in the amount of: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Continued on the next page.)*

**TO BE COMPLETED BY THE VERIFYING AGENCY:**

Please furnish the information requested, sign and verify the document, and place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The qualifier will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: \_\_\_\_\_

Name of Licensee (*as it appears in verifying state's records*): \_\_\_\_\_

Name of Qualifying Person: \_\_\_\_\_

Classification of License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

Original Date of Licensure: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Continuously Licensed:

☐ Yes ☐ No, please explain: \_\_\_\_\_

Licensed By:

☐ Exam, Type: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Endorsement, From What State \_\_\_\_\_

Examination Scores: \_\_\_\_\_

Education Required For Licensure: \_\_\_\_\_

Disciplinary Action or Pending Disciplinary Action:

☐ No ☐ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

(SEAL)

# UTAH MASSAGE LAW EXAMINATION

Answer “**True**” or “**False**” for each statement. Do not leave any question response blank.

*The references have been provided to assist you in selecting your response.*

True	False	Question
<input type="radio"/>	<input type="radio"/>	1. Homeostasis is defined as the passive and active movements of the joints of a client, including the spine? <b>58-47b-102</b>
<input type="radio"/>	<input type="radio"/>	2. As a licensed massage therapist sexual activity with clients, students, employees, supervisors, or trainees is prohibited even if consensual? <b>R156-47b-502</b>
<input type="radio"/>	<input type="radio"/>	3. A massage therapist is permitted to promote the health and well-being of a client, enhance the circulation of the blood and lymph, relax and lengthen the muscles, and relieve the pain of a client? <b>58-47b-102</b>
<input type="radio"/>	<input type="radio"/>	4. A massage therapist shall at all times use appropriate draping procedures to protect the client's personal privacy? <b>R156-47b-502</b>
<input type="radio"/>	<input type="radio"/>	5. A massage apprentice is only permitted to work when the massage therapist supervisor is present in the area and immediately available? <b>R156-47b-102</b>
<input type="radio"/>	<input type="radio"/>	6. A massage apprentice is permitted to work when the massage therapist supervisor is available for immediate voice communication? <b>58-47b-302</b>
<input type="radio"/>	<input type="radio"/>	7. A massage therapist is permitted to use of the hands or a mechanical or electrical apparatus in connection with the manipulation of the soft tissue of the body? <b>58-47b-102</b>
<input type="radio"/>	<input type="radio"/>	8. A massage therapy license does not allow the massage therapist to ignore compliance with state and local health or sanitation codes? <b>58-47b-502</b>
<input type="radio"/>	<input type="radio"/>	9. A massage therapist is not permitted to touch the genital area of a client. <b>58-47b-501</b>
<input type="radio"/>	<input type="radio"/>	10. It is unethical for a massage therapist to engage in sexual activity with the client while a massage therapist/client relationship exists. <b>Utah Code of Ethics Standard VI</b>
<input type="radio"/>	<input type="radio"/>	11. A massage therapist may administer medicine or drugs to a client. <b>58-47b-502</b>
<input type="radio"/>	<input type="radio"/>	12. A massage therapist may advertise and represent himself as practicing massage therapy immediately upon graduation from a massage school or apprenticeship program. <b>58-47b-501</b>
<input type="radio"/>	<input type="radio"/>	13. A supervising massage therapist is responsible for any massage therapy service performed by an apprentice. <b>R156-47b-102</b>
<input type="radio"/>	<input type="radio"/>	14. A massage therapy license allows the massage therapist to ignore compliance with local ordinances relating to the regulation of a massage establishment? <b>58-47b-502</b>
<input type="radio"/>	<input type="radio"/>	15. The practice of massage includes colon hydrotherapy? <b>58-47b-501</b>
<input type="radio"/>	<input type="radio"/>	16. Any person who violates the unlawful conduct provisions defined in Title 58 Chapter 47b is guilty of a class B misdemeanor. <b>58-1-503</b>

<input type="radio"/>	<input type="radio"/>	17. A massage therapist who has a minimum of 60 additional hours of specialized training may perform animal massage. <b>58-47b-102 and R156-47b-601</b>
<input type="radio"/>	<input type="radio"/>	18. A massage therapist may perform prostate massage through the wall of the rectum of a male client if the client gives verbal consent. <b>58-47b-501</b>
<input type="radio"/>	<input type="radio"/>	19. Once you have successfully passed a fingerprint background check to practice massage, you may not be required by any other state or local government to submit to a second fingerprint background check as a condition of lawfully practicing massage in Utah. <b>58-47b-302</b>
<input type="radio"/>	<input type="radio"/>	20. The Utah Massage Therapy Practice Act defines failing to maintain mechanical or electrical equipment in a safe operating condition as unlawful conduct. <b>58-47b-502</b>